

TOWN OF SURFSIDE

9293 Harding Avenue
Surfside, Florida 33154

Tel: 305-861-4863

Fax: 305-861-1302

EMPLOYMENT APPLICATION

The Town of Surfside (the "Town") is an equal opportunity employer and considers applications for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or other legally protected status.

Please print in INK. Although a resume may be attached, all sections of the employment application must be FULLY completed for consideration. Use blank paper if additional space is needed.

Type of Position you are available for: ☐ Full Time ☐ Part-Time

Position applying for: (You could list more than one position)		Date of application:	
How did you learn about the Town?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	
Last Name:		First Name:	Middle Name:
Street Address:		City:	State: Zip Code:
Telephone: Home: (____) _____ Cellular: (____) _____		Social Security Number: _____	
Email:			

* Driver's License Type: <input type="checkbox"/> Operator Class E <input type="checkbox"/> Commercial Drivers License (CDL) <input type="checkbox"/> None	
* Driver License No:	State:
*Only required for jobs that require the operation of a motor vehicle.	
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an employment application with the Town before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" give date:	
Have you ever been employed by the Town before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" give date:	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you provide proof that you are authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives employed by the Town?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, indicate name and relationship:	
Have you ever been convicted of a felony or first degree misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," please explain (Note: This will not automatically disqualify an applicant from employment. The nature of the offense, how long ago it occurred, relationship to job applying for, etc., are taken into consideration.)	

EMPLOYMENT EXPERIENCE (Must be completed for consideration)

Please list the names of your present and previous employers in chronological order starting with the present or most recent employer. Be sure to account for all periods of time including military service and any periods of unemployment. Use additional pages if needed.

Employer:		Address:		Phone#:
Job Title:		Length of Services (Specify Dates): From: To:		Hourly Rate/Salary:
Supervisor's Name:	Supervisor's Phone:	Reason for Leaving:		
Duties Performed:				

Employer:		Address:		Phone#:
Job Title:		Length of Services (Specify Dates): From: To:		Hourly Rate/Salary:
Supervisor's Name:	Supervisor's Phone:	Reason for Leaving:		
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Duties Performed:				

EDUCATION

	Name	Diploma/Degree	Course of Study
High School			
Technical/Vocational School			
Undergraduate College/University			
Graduate School			

Knowledge/Skills/Abilities– Describe all knowledge, skills and/or abilities you possess and believe relevant to the position(s) you seek, such as computer skills, supervisory or management certificates, operation of certain equipment, etc.

Are you able to perform all the essential functions of the position(s) for which you are applying for? ☐ Yes ☐ No
If "No" is there a reasonable accommodation that can be made?

FOREIGN LANGUAGES

Indicate foreign languages you speak, read, and write.

	Fluent	Good	Fair
Speak			
Read			
Write			

REFERENCES

Provide name, address and phone number of three references who are not related to you and are not previous employers.

Name	Address	Phone Number

VETERANS' PREFERENCE CLAIM

Listed below are the five Veterans' Preference categories.

1. Disabled veteran who has served on active duty in any branch of the Armed Forces and who: (a) has a presently existing service-connected disability which is compensable under public laws administered by the VA; or (b) is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the VA and the Department of Defense.
2. The spouse of any person: (a) who has a total and permanent service-connected disability and who, because of this disability, cannot qualify for employment; or (b) who is missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A veteran of any war who has served at least one day or more during a wartime period; and who was discharged or separated there from under honorable conditions from the Armed Forces. Active-duty for training is not allowable.
4. The unremarried widow or widower of a veteran who died of a service-connected disability.
5. Any Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal.

Do you wish to Claim Veterans' Preference? ☐ Yes* ☐ No

*If Yes, it is your responsibility to submit Documentation (DD form 214) or comparable documents that serve as a certificate of release or discharge at the time of application.

If eligible, which Veterans' Preference category are you claiming? (Please Circle Appropriate Number) 1 2 3 4 5.

AUTHORIZATION AND CONSENT FORM

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize the Town of Surfside (the "Town") to verify all information contained herein. I authorize my current and former employers, references, registration and licensing boards and educational institutions listed on my application for employment to provide the Town with any job-related information requested. I also release all past employers and references from any and all liability for the release of information to the Town.

I understand that all job offers from the Town are conditioned on the successful completion of a criminal background check, drug screening (if applicable for the position applied), credit check (if applicable for the position applied), reference check, past employment verification and proof of education (collectively referred to as a "background check"). By signing this application, I authorize the Town to conduct a background check and, if applicable, a consumer report to be procured for employment purposes.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the Town constitutes an employment contract unless a specific document to that effect is executed by the Town and employee in writing. In consideration for my employment I agree to conform to the rules and regulations of the Town. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the Town's sole option and without prior notice to me.

Printed Name of Applicant

Date

Signature of Applicant (Must be in ink)



Collection and Use of Social Security Numbers

In accordance with FSS 119.071, The Town of Surfside's purpose for collecting your social security number is:

Check those that apply:

- ☐ Employment Application Process
- ☐ Payroll Eligibility Verification
- ☐ Identification and Verification
- ☐ Employment Benefits
- ☐ Income Reporting
- ☐ Other

ACKNOWLEDGMENT: I _____, hereby confirm that I have received a copy of this written statement describing the purpose(s) for collecting my Social Security Number as required by FSS 109.071(5)(a)(3).

By: _____ (Signature) _____ (Date)

Name: _____

(Witness) (Date)



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(Signature)

(Date)

Name: _____

(Witness)

(Date)